Health Care Professional Responsibility and Reporting Enhancement Act Reporting Form

Health Care Entity Information

☐ Initial Report ☐ Follow-up to a previously filed report

Health Care Entity Type:

- ☐ Health Care Facility
- ☐ State or county psychiatric hospital
- ☐ Home care services agency
- ☐ Comprehensive personal care home
- ☐ Nonprofit homemaker home health aide agency
- ☐ Insurance company offering managed care plans
- ☐ State developmental center
- ☐ Assisted living residence or program
- ☐ Licensed alternate family care sponsor agency
- ☐ HMO
- ☐ Staffing registry

Name of person submitting report: _____

Title or position of person submitting report: _____

Telephone number (include area code): _____ Fax number (include area code): _____

E-mail address: _____ DHSS facility ID# *(if applicable)* _____

Health care entity name: _____ Health care entity license number: _____

Health care entity street address: _____ City: _____ County: _____

Name and telephone number of those who have first-hand knowledge of the reportable event: _____

_____

Health Care Professional Information

Last name: _____ First: _____ Middle: _____

Type of professional license or certificate held: _____ License or certificate number: _____

Relationship of the health care professional to the health care entity (select one):

- ☐ employed by
- ☐ under contract to provide professional services to
- ☐ has privileges granted by
- ☐ provides services via a health care service firm or via a staffing registry

Additional Information

A. The reportable action or event taken by the health care entity was related to the health care professional's:

- ☐ impairment
- ☐ incompetency which relates adversely to patient care or safety
- ☐ professional misconduct which relates adversely to patient care or safety

B. The reportable action or event taken by the health care entity was:

- ☐ Full or partial privileges summarily or temporarily revoked or suspended, or permanently reduced, suspended or revoked.

  If checked, please provide details: _____

  _____

  _____

- ☐ Removed from the list of eligible employees of a health services firm or staffing registry
- ☐ Discharged from the staff
- ☐ Contract to render professional services terminated or rescinded
- ☐ Conditions or limitations placed on the exercise of clinical privileges or practice within the health care entity (including, but not limited to second opinion requirements, non-routine concurrent or retrospective review of admissions or care, non-routine supervision by one or more members of the staff, completion of remedial education or training)

  _____

  _____

  _____

or

☐ Voluntary resignation of health care professional from staff if:

- ☐ The health care entity is reviewing the health care professional's patient care or reviewing whether, based upon its reasonable belief, the health care professional's conduct demonstrates an impairment or incompetence or is unprofessional, which incompetence or unprofessional conduct relates adversely to patient safety.
- ☐ The health care entity, through any member of the medical or administrative staff, has expressed an intention to do such a review.

or

☐ Voluntary relinquishment by health care professional of any partial privileges or authorization to perform a specific procedure if:

- ☐ The health care entity is reviewing the health care professional's patient care or reviewing whether, based upon its reasonable belief, the health care professional's conduct demonstrates an impairment or incompetence or is unprofessional, which incompetence or unprofessional conduct relates adversely to patient safety.
- ☐ The health care entity, through any member of the medical or administrative staff has expressed an intention to do such a review.

or

☐ Leave of Absence granted to the health care professional, while under, or subsequent to a review of the health care professional's patient care or professional conduct, for reasons relating to a physical, mental or emotional condition or drug or alcohol use which impairs the health care professional's ability to practice with reasonable skill and safety except for pregnancy and related leaves or documented participation in an approved professional assistance or intervention program.

or

☐ Medical malpractice liability suit resulting in a settlement, judgment or arbitration award, in which both the health care professional and health care entity are parties

or

☐ Professional Assistance Program or Intervention Program

- ☐ Health care professional has failed to comply with a request to seek assistance from a professional assistance or intervention program
- ☐ Health care professional has failed to follow the treatment or monitoring program required by a professional assistance or intervention program

or

☐ Follow-up to a previously filed report

Health care professional, who has been the subject of a previous report, has had conditions or limitations on the exercise of clinical privileges or practice within the health care entity altered, or privileges restored, or has resumed exercising clinical privileges that had been voluntarily relinquished

2. Date of the reportable action or event taken by the health care facility: _____

3. Date of the health care professional's conduct:_____

4. Details of the health care professional's conduct: _____

_____

_____

_____

_____

_____

Signature of person submitting report: _____ Date of report: _____

Has a copy of this report has been provided to the health care professional who is the subject of this report?

☐ Yes ☐ No

Has a copy of this report has been provided to the health care service firm or staffing agency with which the health care professional is employed?

☐ Not Applicable ☐ Yes ☐ No

Reports are to be submitted within seven (7) days of reportable action or event via mail to:

New Jersey Division of Consumer Affairs
PO Box 46024
Newark, NJ 07102
973-504-6310

For Office Use Only

Case number: DCA _____
(To be assigned by the Division of Consumer Affairs)